

Submittal Date: \_\_\_\_\_

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Freeholder

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# CAPE MAY COUNTY DEPARTMENT of HEALTH

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## MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

☐ SEASONAL    ☐ ANNUAL    ☐ TEMPORARY

### PART 1 TO BE COMPLETED BY FOOD VENDOR

#### MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor _____		NJ Sales Tax ID# _____	
State and License Plate # _____		VIN# _____	
<input type="checkbox"/> Copy of Drivers License and Vehicle Registration Provided			
Owner/Corporation _____		Street Address _____	
Mail Address _____		City _____	State _____ Zip _____
Home Phone# _____		Cell# _____	Fax# _____
Email _____			
Vending Location(s) _____			
If Temporary Event: (One event only. An "Amendment Form" is required for each additional event)			
Name of Event _____		Date of Event _____	
Times and Days at the Event _____			
Event Contact Person _____		Phone# _____	

#### DESCRIPTION OF MOBILE FOOD UNIT & EQUIPMENT (CHECK ALL THAT APPLY)

Months, Days & Hours of Operations: _____					
<input type="checkbox"/> PushCart <input type="checkbox"/> Tabletop/Tent <input type="checkbox"/> Food Preparation Vehicle <input type="checkbox"/> Trailer <input type="checkbox"/> Refrigerated Vehicle <input type="checkbox"/> Other _____					
Sanitation	Cold Holding (≤41degreesF)	Cooking	Hot Holding (≥135degreesF)	Personal Hygiene	Power Source
<input type="checkbox"/> Hot/cold Running Water <input type="checkbox"/> Freshwater Storage Tank _____ gallons <input type="checkbox"/> Wastewater Retention Tank _____ gallons <input type="checkbox"/> 3 Compartment Sink <input type="checkbox"/> Trash Container <input type="checkbox"/> Sanitizer/test kit <input type="checkbox"/> Spray Bottles w/ Sanitizer <input type="checkbox"/> _____	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Freezer(s) <input type="checkbox"/> Ice Chest(s) <input type="checkbox"/> Drained Ice  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Oven <input type="checkbox"/> BBQ Grill <input type="checkbox"/> GasGrill <input type="checkbox"/> DeepFryer <input type="checkbox"/> Stove <input type="checkbox"/> Wok  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>NO STERNO</b> <input type="checkbox"/> Oven <input type="checkbox"/> BBQ Grill <input type="checkbox"/> Gas Grill <input type="checkbox"/> Stove <input type="checkbox"/> Crock Pot <input type="checkbox"/> Steam Table <input type="checkbox"/> Hot Display Case (describe):  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Hand Sink with Running Water <input type="checkbox"/> Insulated Igloo w/Free Flow Spout <input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap  <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Electric <input type="checkbox"/> Generator <input type="checkbox"/> Propane <input type="checkbox"/> _____ <input type="checkbox"/> _____  <b>Other Equipment</b> <input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Extra Utensils <input type="checkbox"/> Covered Containers <input type="checkbox"/> Foil, Plastic Wrap <input type="checkbox"/> Thermometers <input type="checkbox"/> _____ <input type="checkbox"/> _____

MOBILE UNIT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

**DESCRIPTION OF FOOD OPERATION (CHECK ALL THAT APPLY)**

<input type="checkbox"/> Pre-Packaged Food	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Non-hazardous foods
<input type="checkbox"/> Bottled Beverages	<input type="checkbox"/> Cold/Frozen Foods	<input type="checkbox"/> Potentially hazardous foods
<input type="checkbox"/> Prepared Beverages	<input type="checkbox"/> Hot Foods	<input type="checkbox"/> Raw Meats and/or Seafood
<input type="checkbox"/> Copy of Menu Attached		
<input type="checkbox"/> Copy of Food Handler's Certification provided if required (Risk 3 units)		

**MENU INFORMATION**

What foods will you bring that don't require temperature controls?	What foods will you bring that will only require cold holding?	What <b>raw</b> foods will you bring that will be <b>cooked on-site</b> for immediate service or hot holding? Foods will not be cooled on-site.	What foods will be <b>cooked at your servicing area</b> and <b>held hot</b> until served?	What foods will be <b>cooked and cooled at your servicing area</b> and <b>reheated</b> at the event for immediate service?	What <b>commercially pre-cooked</b> foods will be <b>reheated</b> on-site for immediate service?	What commercially pre-cooked or prepared foods will be <b>reheated for hot holding</b> ?

INSPECTORS COMMENTS: (VOLUME OF FOOD, SPECIAL CONDITIONS, ETC.)

**FOOD SOURCE INFORMATION: NO HOME PREPARED FOODS ALLOWED**

FOOD TYPE (IF APPLICABLE)	SOURCES (RECEIPTS ON-SITE)	WHEN WILL YOU PICK THESE UP?
raw meats and poultry		
raw seafood (fish, shrimp, etc.)		
live clams, mussels, oysters (must have tags on-site and available for 90 days)		
pre-made deserts		
commercially prepared foods		
dairy products		
other:		

PLEASE SKETCH OR ATTACH A LAYOUT OF YOUR OPERATION: (PROVIDE THE LOCATION OF THE RESTROOM AREA THAT YOU WILL USE)

MOBILE UNIT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

**PART 2 TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER**

**SERVICING AREA BUSINESS INFORMATION**

Trading Name of Servicing Area \_\_\_\_\_ Sales Tax ID# \_\_\_\_\_

Owner/Corporate Name \_\_\_\_\_

Address: \_\_\_\_\_

Last Inspection Date \_\_\_\_\_ Fax # \_\_\_\_\_

☐ Copy of last inspection report if establishment is NOT inspected by the THIS Department of Health

**I PROVIDE THE FOLLOWING FOODS FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):**

☐ Packaged Foods    ☐ Water Supply    ☐ Prepared Hot Foods    ☐ Raw Fruits and vegetables

☐ Beverages    ☐ Ice for consumption    ☐ Prepared Cold Foods    ☐ Raw Meats and/or Seafood

☐ Food is Prepared by Mobile Vendor Operator on Site    ☐ Other \_\_\_\_\_

**I PROVIDE THE FOLLOWING SERVICES FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):**

☐ Space for mobile operator to prepare foods

☐ Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)

☐ Refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc)

☐ Storage of non-hazardous foods, utensils & equipment

☐ 3 compartment sink for wash, rinse and sanitizing of food contact surfaces

☐ Trash and garbage disposal

☐ Waste water disposal

☐ Grease/oil disposal

**THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):**

☐ Beginning of the day    ☐ End of the day    ☐ Other \_\_\_\_\_  
Time \_\_\_\_\_    Time \_\_\_\_\_    Time \_\_\_\_\_

☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday    ☐ Saturday    ☐ Sunday

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a "servicing area") and that all mobile units/vehicles return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited as per N.J.A.C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.

Mobile Owner/Operator (print) \_\_\_\_\_ Date \_\_\_\_\_

Mobile Owner/Operator (signature) \_\_\_\_\_

Servicing Area Owner/Operator (print) \_\_\_\_\_ Date \_\_\_\_\_

Servicing Area Owner/Operator (signature) \_\_\_\_\_

MOBILE UNIT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Inspector: \_\_\_\_\_ PR# \_\_\_\_\_

**APPROVED:**    **DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

Classified Risk Type:   ☐ Risk 1    ☐ Risk 2    ☐ Risk 3    ☐ Risk 4 (operations at servicing area only)

Approval Restrictions:

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Approval Effective Date: \_\_\_\_\_

**DISAPPROVED:**        **DATE:** \_\_\_\_\_

Classified Risk Type:   ☐ Risk 1    ☐ Risk 2    ☐ Risk 3    ☐ Risk 4 (operations at servicing area only)

Reasons for disapproval:

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**FEES:** Fees may vary, please check with each health department covering the areas that you are vending.

**Mobile Retail Food:** means any moveable restaurant, truck, van, trailer, cart, bicycle, watercraft, or other movable unit including hand carried, portable, containers in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Inspections are valid until December 31, 2012.

**Temporary Event Retail Food Establishment:** means a retail food establishment that operates for a period of **no more than 14 consecutive days** in conjunction with a single event or celebration.

This application must be submitted and approved at least 7 days prior to the event.

Approvals expire in 14 days or at the end of the event.

An application amendment may be submitted for future events.